

### Foster Family Home - Corrective Action Report

Provider ID: 2-511271

Home Name: Candida Foronda, CNA

Review ID: 2-511271-7

62 Pono Street

Reviewer:

Hilo HI 96720

Begin Date: 6/29/2016

End Date: 8-01-16

**Foster Family Home Required Certificate [17-1454-6]**

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 7/29/16.

**Foster Family Home Personnel and Staffing [17-1454-41]**

✓ 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

✓ 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

✓ 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

✓ No CPR, First Aid or blood borne pathogen training in home binder for CG # 2 or CG #3. No annual training for CG #2 or CG #3. ~~No tuberculosis clearance for CG #3.~~

**Foster Family Home Fiscal Requirements [17-1454-49.1]**

✓ 49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

✓ No budget in home binder for 2016.

Compliance Manager

*Candida Foronda*

Primary Care Giver

Date

*6-29-2016*

Date

6/29/2016 17:23 PM

**CCFFH****EPCH: PLAN OF CORRECTION - JULY 29, 2016**

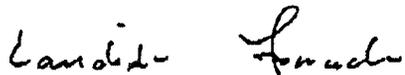
17-1454-41.B.7 : CG#2 RECEIVED A CURRENT TB CLEARANCE ON 7/14/16. CG#3 RECEIVED A CURRENT TB CLEARANCE ON 7/1/2016. IT IS ON FILE IN THE PROVIDER BINDER. THE HOME WILL BE MORE OBSERVANT AND CAUTIOUS AND KEEP RECORDS UP TO DATE TO PREVENT ANY REQUIREMENT FROM EXPIRING IN THE FUTURE. A 3 MONTH REVIEW WILL BE DONE TO BE SURE EVERYTHING IS UP TO DATE. ATTACHED IS THE TB CLEARANCE FOR CG#2 & CG#3.

17-1454-41.B.8 : CG#2 AND CG#3 DID NOT HAVE CURRENT CPR/FIRST AID AND BLOOD BORNE PATHOGEN AND INFECTION CONTROL COMPLETED. CG#2 COMPLETED THEIR CPR/FIRST AID IN APRIL 2016. CG#3 COMPLETED THEIR CPR/FIRST AID ON 6/16/2016 - BOTH GOOD FOR 2 YEARS. PCG, CG#2 AND CG#3 COMPLETED AND RECEIVED THEIR BLOOD BORNE PATHOGEN CERTIFICATES ON 7/13/2016.

17-1454-41.C : THE INSERVICE HOURS WERE NOT COMPLETED FOR PCG AND CG#2 & CG#3. ON JULY 1ST, 2016, THE INSERVICE REQUIREMENTS WERE COMPLETED AND CERTIFICATES WERE RECEIVED FOR THE PRIMARY CG ON 7/30/16, CG#2 ON 7/30/16 AND CG#3 ON 7/23/16. IT IS ON FILE IN THE PROVIDER BINDER. THE HOME WILL BE MORE OBSERVANT AND CAUTIOUS AND KEEP RECORDS UP TO DATE TO PREVENT ANY REQUIREMENT FROM EXPIRING IN THE FUTURE. A 3 MONTH REVIEW WILL BE DONE TO BE SURE EVERYTHING IS UP TO DATE. ATTACHED ARE COPIES OF CERTIFICATES.

17-1454-49.1.B : BUDGET FOR 2016 WAS COMPLETED. COPY IS INCLUDED. WE WILL BE SURE TO CHECK AT LEAST 2-3 MONTHS BEFORE THE UPCOMING YEAR TO HAVE THE BUDGET COMPLETED.

**CURRENT PHYSICAL, TB CLEARANCE AND CPR/FIRST AID ATTACHED FOR ADDITIONAL FAMILY MEMBERS.**



**CANDIDA FORONDA, PRIMARY CAREGIVER**